ANOTH TARK ODER LINGAM (CHARLIE & Alterhad?)

YES NO

FOR INSTRUCTIONS, SEE BACK OF FORM FORM IA ETHICS AND DR-2 DISCLOSURE DISCLOSURE SUMMARY PAGE 1801. OSURE IS (Rev. 02/96) REPORT For Office Use Only 2010 JAN 14 PM 12: 1 1 25D51 COMMITTEE NAME (Must be same as on Statement of Organization) Comm, # hli can indexed Audited IMPORTANT: Indicate type of committee you are reporting for. Computer (1) Statewide/Logislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates 2010 REASURER (or person filing this report) Penalties Due For Late Filed Reports Range from \$10 to \$400 SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE: ∠ U / U REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR. I AM FILING A Indicate one Local Committees, enter Date of Election ☐CHECK IF AMENDMENT TO REPORT DATED County & Local Committees, enter County in Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. which Election is held (You must continue to file reports until a Notice of Dissolution is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ......\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedulo A) ..... Schedule C: Fund-raising Events total (Attach Schedule C)..... Schedulo F: Loans Received total (Attach Schedulo F)..... Schedulg H: Total Sales of Campaign Property (Attach Schedule H) ...... (Schedule Happlies to Candidates' Committees Only) SUB-TOTAL .....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B)..... Schedule F: Loan Repayments total (Attach Schedule F) ...... CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3).....\$ UNPAID BILLS (From Schedule D - Attach Schedule D) .....\$ IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)...... OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ....... CANDIDATE COMMITTEES ONLY:

## For Instructions, See Back of Form

(Including candidate's personal funds)	(Rev. 02/96)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)  On the Control of Organization  STATE CANDIDATES NOTE: IF A CONTRIBUTION IS DECOME.		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF 1D NUMBERS IS AVAILABLE FROM THE TOWN ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (# applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED
16/09	ID#	membership dues		5000
	ID#	-		
	CK#			
	ID#			
	CK#			
	ID#		<del> </del>	-
	CK#			
	ID#			
	CK#			
	ID#		<del>  -</del>	·····
	CK#			
~~~	ID#			
	СК#			
	ID#			
	CK#			
	ID#		+	
	CK#			
	ID#		-	<del></del>
	C <b>K#</b>			
			SUB-TOTAL	5000
		TOTAL (if last page to disclose the relationship of any relative making a contribution to		s-50 °C

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and offinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE MANUAL

## **EXPENDITURES — MONEY SPENT**

SCHEDULE B	MONETARY EXPENDITURES			
For office use only				

COMMITT	EE NAME (Must be same as on Statement of Organization)	ion) 18MIN	
DATE EXPENDED	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursament) WAS MADE		AMOUNT
09	Cochola vin	Postage	. 1
10	Clarke Glectric	Capies	750
13/		Celestian. Lists	2620
16	Estérville da	flourers	4745
		SUS-TOTAL  TOTAL (if last page of this schedule)	\$ 147 15 \$ 147 15

CPG-20571/140-0040/(Rev. 1991)

Page \_\_\_\_of ]
(for Schedule B)